

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12591

FILED MAR 27 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 696

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR University City		c. CITY (If outside corporate limits, write RURAL and give township) OR University City 54356	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1086a Roth		d. STREET ADDRESS (If rural, give location) 1086a Roth	

3. NAME OF DECEASED (Type or Print) Rosetta		b. (Middle) Stephens		c. (Last) Stephens		4. DATE OF DEATH (Month) 3 (Day) 1 (Year) 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 5-22-1881	
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11. BIRTHPLACE (City and State or Foreign Country) Springerton, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Bailey Mc Gehee		13b. MOTHER'S MAIDEN NAME Annis Woodrow		14. NAME OF HUSBAND OR WIFE John W. Stephens (Dec)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Ralph Walters, Dexter Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Carcinoma of Lung reg. 8-10 7ms. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Diagnosis obtained from Parne Hospital) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 8-10 7ms.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Mar 1, 1953, to Mar 1, 1953, that I last saw the deceased alive on Mar 1, 1953 and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Roy N. Magnus M.D.		23b. ADDRESS University City, Mo		23c. DATE SIGNED 3-2-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-3-1953		24c. NAME OF CEMETERY OR CREMATORY Zions Cemetery	
24d. LOCATION (City, town, or county) St L.		24e. LOCATION (City, town, or county) 7401 St Chas Rk pa County		25. FUNERAL DIRECTOR'S SIGNATURE Address	

DATE REC'D BY LOCAL REG. 3-2-53 REGISTRAR'S SIGNATURE Herbert P. Danhe M. Kraeger Funeral Director 3402 N. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

DR GUY MAGNESS

6651 ENRIGHT.

CA 4400.

4 TO 6 PM.

MONDAY'S

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Thomas R. Fenwick

Licensed Embalmer No. 3793.

P. O. Address 3402 N. Kingshighway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.